# 2016-11-07-03-00117642

FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

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| 1. NAME<br>COMM | OF<br>NITTEE (in full)                                    | TYPE OR PRINT ▼            |                      | mple: If typir<br>r the lines. | ng, type            | 12FE4M        | 15                                               |                                              |
|-----------------|-----------------------------------------------------------|----------------------------|----------------------|--------------------------------|---------------------|---------------|--------------------------------------------------|----------------------------------------------|
| [CO.M           | mititiee i                                                | to Diria fit               | Migl                 | ya el                          | 18/10/0             | an ber        | guu                                              |                                              |
|                 | <del></del>                                               | <u> </u>                   |                      |                                |                     |               |                                                  |                                              |
| ADDRESS         | (number and street)                                       | PO BOX                     | 6.6                  |                                |                     |               | <del>                                     </del> | 11111                                        |
|                 | heck if different                                         |                            |                      | 1111                           |                     |               |                                                  |                                              |
|                 | an previously<br>ported. (ACC)                            | Kuckers                    | <u>v, ì, l, (, ,</u> | 4                              |                     | [VA]          | 22968                                            | السيسا-لأ                                    |
| 2. FEC I        | DENTIFICATION N                                           | UMBER ▼                    | CITY A               |                                |                     | STATE A       | ZIP (                                            | CODE A                                       |
| C               | 0.06.077                                                  | 05                         | 3. IS THIS<br>REPORT |                                | NEW<br>N) <b>OR</b> | A (A          | MENDED                                           |                                              |
|                 | OF REPORT                                                 | (b) Monthly Report         | Feb 20 (M2)          |                                | May 20 (M5)         | Aug           | g 20 (M8)                                        | Nov 20 (M11)<br>(Nori-Election<br>Year Only) |
| ,               | uarterly Reports:                                         | Due On:                    | Mar 20 (M3)          |                                | Jun 20 (M6)         | Ser           | o 20 (M9)                                        | Dec 20 (M12)<br>(Non-Election<br>Year Only)  |
|                 | April 15                                                  |                            | Apr 20 (M4)          |                                | Jul 20 (M7)         | Oct           | 20 (M10) .                                       | Jan 31 (YE)                                  |
| L               | April 15<br>Quarterly Report (                            | Q1) (c) 12-Day             | П                    | Primary (12P                   | r) <b>[</b>         | General       | I (12G)                                          | Runoff (12R)                                 |
|                 | July 15<br>Quarterly Report (                             | Q2) PRE-Electio            |                      | Conventión (                   | <b>F</b>            | -!<br>-       |                                                  | ,                                            |
| $\boxtimes$     | October 15 'Quarterly Report (                            | Report for t               | ne:                  | Convention.(                   | 12C)                | Special       | (12 <u>5)</u>                                    |                                              |
|                 | January 31<br>Year-End Report (                           | _                          | lection on           | M M /                          | 0 0 0 /             | ****          | in the                                           |                                              |
|                 | July 31 Mid-Year<br>Report (Non-electi<br>Year Only) (MY) | POST-Elect                 |                      | General (300                   | 3)                  | Runoff        | (30R)                                            | Special (30S)                                |
|                 | Termination Repor<br>(TER)                                |                            | lection on           | H H /                          | 0 0 /               | Y             | in the                                           |                                              |
| 5. Coveri       | ng.Period                                                 | 7 01 20                    | 16                   | through                        | 09                  | ′ <b>\$</b> o | 20 (                                             | 2                                            |
| I certify that  | at I have examined t                                      | his Report and to the be   | st of my kno         | wledge and l                   | belief it is tru    | ue, correct a | nd complete.                                     |                                              |
| Type or Pr      | int Name of Treasur                                       | er Josep                   | h f.                 | Odd                            | 0                   |               | ·                                                |                                              |
| Signature of    | of Treasurer                                              |                            |                      |                                | ·; ·                | Date (        | 2/31                                             | 2016                                         |
| NOTE: Sub       | mission of false, erro                                    | neous, or incomplete infor | nation may si        | ubject the per                 | şon signing tl      | his Report to | the penalties of                                 | 52 U.S.C. § 30109.                           |
|                 | Office<br>Use                                             |                            |                      | <u>-</u>                       |                     |               | FEC FC                                           | ORM 3X<br>15/2016                            |
|                 | Only                                                      | i                          |                      |                                |                     | 1             | 1                                                |                                              |

# 2016 - 11 - 07 - 03 - 00117643

**SUMMARY PAGE** 

OF RECEIPTS AND DISBURSEMENTS Page 2 FEC Form 3X (Rev. 05/2016) Write or Type Committee Name to Draft Michael Bloom! ommittee Report Covering the Period: From: **COLUMN A** COLUMN B **This Period** Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period..... (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) ..... Total Disbursements (from Line 31)...... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

# 2016-11-07-08-00117644

**DETAILED SUMMARY PAGE** of Receipts FEC Form 3X (Rev. 05/2016) Page 3 Write or Type Committee Name Et Michael Bloomberg Committee Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... (ii) Unitemized ..... (iii) TOTAL (add Lines 11(a)(i) and (ii).....▶ (b) Political Party Committees ..... (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received ..... 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)..... (b) Levin Funds (from Schedule H5) ....... (c) Total Transfers (add 18(a) and 18(b)).. 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))......▶ 0.00 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .......

from Line 31).....

## **DETAILED SUMMARY PAGE**

of Disbursements FEC Form 3X (Rev. 05/2016) Page 4 **COLUMN A COLUMN B** II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share ..... (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures ..... (c) Total Operating Expenditures 22. Transfers to Affiliated/Other Party Committees..... Contributions to Federal Candidates/Committees and Other Political Committees...... 24. Independent Expenditures 26. Loan Repayments Made..... Loans Made..... Refunds of Contributions To:
(a) Individuals/Persons Other
Than Political Committees ...... (b) Political Party Committees ..... (c) Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))........... 29. Other Disbursements (Including Non-Federal Donations)..... 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share ..... (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds ..... (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ..... 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)

## DETAILED SUMMARY PAGE of Disbursements

| FEC Form 3X (Rev. 05/2016)                        |                                                                          | or <i>Biobardomonia</i>       | Page <b>5</b>                     |  |  |
|---------------------------------------------------|--------------------------------------------------------------------------|-------------------------------|-----------------------------------|--|--|
| III. Net Contributions/<br>Operating Expenditures |                                                                          | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |  |  |
|                                                   | Total Contributions (other than loans) (from Line 11(d), page 3)         | 000                           | 1190,00                           |  |  |
|                                                   | Total Contribution Refunds<br>(from Line 28(d))                          |                               | , 000                             |  |  |
|                                                   | Net Contributions (other than loans) (subtract Line 34 from Line 33)     | , , O,D D                     | 1190,00                           |  |  |
|                                                   | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 78826                         | 1,090,00                          |  |  |
|                                                   | Offsets to Operating Expenditures (from Line 15, page 3)                 | 000                           | 000                               |  |  |
|                                                   | Net Operating Expenditures (subtract Line 37 from Line 36)               | 78826                         | <u> </u>                          |  |  |

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| SCHEDULE B (FEC FORM 3X)                                                                                                                                                                                                                                                             | 1100 0000000000000000000000000000000000                      | FOR LINE N                               |                                         |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------|-----------------------------------------|--|--|--|--|
| ITEMIZED DISBURSEMENTS                                                                                                                                                                                                                                                               | Use separate schedule(s) for each category of the            | (check only o                            | one)<br>                                |  |  |  |  |
|                                                                                                                                                                                                                                                                                      | Detailed Summary Page                                        | 28a                                      | 28b 28c 29 30b                          |  |  |  |  |
| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. |                                                              |                                          |                                         |  |  |  |  |
| NAME OF COMMITTEE (In Full)                                                                                                                                                                                                                                                          |                                                              |                                          |                                         |  |  |  |  |
| / Committee to                                                                                                                                                                                                                                                                       | Draft 1                                                      | VIEZH                                    | ael Bloomberg                           |  |  |  |  |
| Full Name (Last, First, Middle Initial)  A.                                                                                                                                                                                                                                          | LC                                                           |                                          | Date of Disbursement                    |  |  |  |  |
| Write Consult 1                                                                                                                                                                                                                                                                      |                                                              | Man / Bas / Yavayay                      |                                         |  |  |  |  |
| Mailing Address Barracles G                                                                                                                                                                                                                                                          |                                                              | 07 05 201.6                              |                                         |  |  |  |  |
| City Charlotterville s                                                                                                                                                                                                                                                               | , (                                                          | FEC Identification Number                |                                         |  |  |  |  |
| Purpose of Disbursement                                                                                                                                                                                                                                                              | <del></del>                                                  | C                                        |                                         |  |  |  |  |
| Candidate Name                                                                                                                                                                                                                                                                       |                                                              | Amount of Each Dichuragement this Paried |                                         |  |  |  |  |
|                                                                                                                                                                                                                                                                                      |                                                              | Category/<br>Type                        | Amount of Each Disbursement this Period |  |  |  |  |
| Office Sought: House Disbursen                                                                                                                                                                                                                                                       | nent For:  Primary                                           |                                          |                                         |  |  |  |  |
| President                                                                                                                                                                                                                                                                            | Other (specify) ▼                                            |                                          | Memo Item                               |  |  |  |  |
| State: District:                                                                                                                                                                                                                                                                     |                                                              |                                          |                                         |  |  |  |  |
|                                                                                                                                                                                                                                                                                      | Write Consult ILC                                            |                                          |                                         |  |  |  |  |
|                                                                                                                                                                                                                                                                                      |                                                              |                                          |                                         |  |  |  |  |
| Mailing Address Pavyacles (+                                                                                                                                                                                                                                                         | 2404 Barracles (+                                            |                                          |                                         |  |  |  |  |
| City Charles VILLE                                                                                                                                                                                                                                                                   | City State Zip Code                                          |                                          |                                         |  |  |  |  |
| Purpose of Disbursement                                                                                                                                                                                                                                                              |                                                              |                                          | C                                       |  |  |  |  |
| Data Research Candidate Name                                                                                                                                                                                                                                                         | Data Research                                                |                                          |                                         |  |  |  |  |
| Sandidate Hame                                                                                                                                                                                                                                                                       | Candidate Name . Category/ Type                              |                                          |                                         |  |  |  |  |
| Office Sought: House Disbursen                                                                                                                                                                                                                                                       |                                                              |                                          | 100,00                                  |  |  |  |  |
| President                                                                                                                                                                                                                                                                            | Primary General Other (specify)                              |                                          | Memo Item                               |  |  |  |  |
| State: District:                                                                                                                                                                                                                                                                     |                                                              |                                          | U Werno Rem                             |  |  |  |  |
| Full Name (Last, First, Middle Initial)  C                                                                                                                                                                                                                                           | 1 6                                                          |                                          | Date of Disbursement                    |  |  |  |  |
| Write Consult L                                                                                                                                                                                                                                                                      | Write Consult LLC  Mailing Address  2404 Barracks Ct         |                                          |                                         |  |  |  |  |
| 2404 Barracks Ct                                                                                                                                                                                                                                                                     |                                                              |                                          |                                         |  |  |  |  |
| City (harlottecvi) le                                                                                                                                                                                                                                                                | City (harlottesvi) le VA Zip Code 22901                      |                                          |                                         |  |  |  |  |
| Purpose of Disbursement                                                                                                                                                                                                                                                              |                                                              | C                                        |                                         |  |  |  |  |
| Candidate Name                                                                                                                                                                                                                                                                       | Category                                                     | Amount of Each Disbursement this Period  |                                         |  |  |  |  |
| •                                                                                                                                                                                                                                                                                    | Type                                                         |                                          |                                         |  |  |  |  |
| Office Sought: House Disburser Senate                                                                                                                                                                                                                                                | ffice Sought: House Disbursement For: Senate Primary General |                                          |                                         |  |  |  |  |
| President State: District:                                                                                                                                                                                                                                                           | Other (specify)                                              |                                          | Memo Item                               |  |  |  |  |
| 7.64.24                                                                                                                                                                                                                                                                              |                                                              |                                          |                                         |  |  |  |  |
| TOTAL This Period (last page this line number only)                                                                                                                                                                                                                                  |                                                              |                                          |                                         |  |  |  |  |
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FEC MAIL CENTER

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## **Federal Election Commission** ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Date of Receipt Postmarked JSPS First Class Mail Postmarked (R/C) USPS Registered/Certified Postmarked **USPS Priority Mail** Postmarked USPS Priority Mail Express Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED

(3/2015)

**PREPARER**